

Wisconsin Department of Regulation & Licensing

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MEDICAL EXAMINING BOARD

COMMUNICABLE DISEASES CERTIFICATION FORM

Information Required By HFS 145

I hereby certify that I am familiar with the State of Wisconsin health laws and rules of the Department of Health and Family Services as related to communicable diseases.

Signature of Applicant

Applicant's Name (Please Print)

Subscribed and sworn to before me this

_____ day of _____.

Notary Public